

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

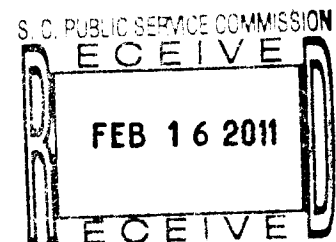
2011-29A

228125

County:

City, State, Zip Code

Telephone Number / Facsimile Number / E-mail Address



E. **Test and Repair** (Include Address if Different than above)

- / - /

Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

- / - /

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Lisa Brown **Mailing Address**

G. **Regulatory Officer** (Included Address if Different Address if different than above)

678-436-5590 / 678-802-3483 / lbrown@rtcllc.net

Telephone Number / Facsimile Number / E-mail Address

Lisa Brown

H. **Dual Party Mailings** (Name)

(Mailing Address)

678-436-5590 / 678-802-3483 / lbrown@rtcllc.net

Telephone Number / Facsimile Number / E-mail Address

Lisa Brown

I. **Interim LEC Fund Mailing** (Name)

(Mailing Address)

678-436-5590 / 678-802-3483 / lbrown@rtcllc.net

Telephone Number / Facsimile Number / E-mail Address

Lisa Brown

J. **Universal Service Fund Mailings** (Name)

(Mailing Address)

678-436-5590 / 678-802-3483 / lbrown@rtcllc.net

Telephone Number / Facsimile Number / E-mail Address

Lisa Brown

K. **Gross Receipts Mailings** (Name)

(Mailing Address)

678-436-5590 / 678-802-3483 / lbrown@rtcllc.net

Telephone Number / Facsimile Number / E-mail Address

Lisa Brown /

This form was completed by ***Signature***

Account Manager / 2/11/2011

Title ***Date***

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department

Post Office Drawer 11649

Columbia, South Carolina 29211

And

Office of Regulatory Staff

Attn: Jeanne Gordon

1401 Main Street

Columbia, South Carolina 29201